

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <i>(37 CFR 1.63)</i>		Attorney Docket No.	2937-131
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	Marc IRIGYON
COMPLETE IF KNOWN			
<input type="checkbox"/> Declaration Submitted after Initial Filing		Application Number	
<input type="checkbox"/> Filing Date			
<input type="checkbox"/> Group Art Unit			
<input type="checkbox"/> Examiner Name			

As a above named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SEAM ATTACHMENT SYSTEM** the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
03 08 003	France	07/03/2003		X	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are made and punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

24 December 2005
M. IRIGYON
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Declaration and Power of Attorney
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NAME OF FIRST INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: Marc (first and middle (if any))		Family Name: IRIGOYEN or Surname	
Inventor's Signature: 		Date: 24 December 2005	
Residence: City	Paris	State	Country: FRANCE
Mailing Address: 61, Rue Vauvenargues		Citizenship: FRANCE	
Mailing Address:			
City: Paris	State:	Zip: 75007	Country: FRANCE
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: (first and middle (if any))		Family Name or Surname	
Inventor's Signature:		Date	
Residence: City:	State:	Country:	Citizenship
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
NAME OF THIRD INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: (first and middle (if any))		Family Name or Surname	
Inventor's Signature:		Date	
Residence: City:	State:	Country:	Citizenship
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
NAME OF FOURTH INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name: (first and middle (if any))		Family Name or Surname	
Inventor's Signature:		Date	
Residence: City:	State:	Country:	Citizenship
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:

Declaration and Power of Attorney
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